

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

SUSAN B ANTHONY LIST INC

(b) Address (number and street)

☒ check if different than previously reported

1707 L Street, NW Ste 750

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000921

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

(b) Communication Title Ultimate

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Emily Buchanan

(b) Address (number and street)

1707 L Street, NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

25113.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Emily Buchanan

SIGNATURE Electronically Filed by Emily Buchanan

DATE 08/05/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Emily Buchanan		
	(b) Address (number and street) 1707 L Street, NW Ste 750		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Susan B Anthony List, Inc.		Executive Director

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee Bright Media, Inc.				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>			
Mailing Address of Payee 2109 Huldekoper Pl, NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>			
City Washington		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) Ad Production							
Name of Federal Candidate Steve Driehaus		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: OH District: 01		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

B. Full Name (Last, First, Middle Initial) of Payee Crossroads Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>			
Mailing Address of Payee 66 Canal Center Plz				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23113.50</div>			
City Alexandria		State VA		Zip Code 22314		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy							
Name of Federal Candidate Steve Driehaus		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: OH District: 01		Disbursement/Obligation For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">25113.50</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">25113.50</div>